


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N01011
 1. Entity Name
WING DING SPORTS ASSOCIATION, INC.



Principal Place of Business 9000 NORTH PALAFOX #29 PENSACOLA, FL 32534	Mailing Address 9000 NORTH PALAFOX #29 PENSACOLA, FL 32534
---	---

DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2916606	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 ROBINSON, JOE
 9000 N. PALAFOX, #29
 PENSACOLA, FL 32534

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, JOE 9000 N. PALAFOX, #29 PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOMELAND, HAROLD 708 SOUTH G ST. PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINSCHMIDT, DUTCH PO BOX 1096 GULF BREEZE, FL 32562
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, JOE 9000 PALAFOX HWY, #29 PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000178893
 01/12/05-80047-004 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joe Robinson Joe Robinson 1/10/05 850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #